

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Christ Church Parish

File No.—For State Registrar Only

45631

Inc. Town of

Registration District No. 901

Registered No. 1

(For use of Local Registrar)

City of

(No.)

St.

Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edward Herbert

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 1 1906

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Edward Herbert

(14) NAME BEFORE MARRIAGE

Suzie Washington

(9) PRESENT POSTOFFICE OF FATHER

Mt Pleasant S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Pleasant S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

9 (Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18 (Years)

(12) BIRTHPLACE

Christ Church Parish

(18) BIRTHPLACE

Christ Church Parish

(13) OCCUPATION

Farmer

(19) OCCUPATION

(20) Number of children born to mother, including present birth

1

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Eliza X Washington

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Mt. Pleasant S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

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(28)

J. T. Freeman
Sub-Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McEW, of Columbia.